

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 194Registered No. 42

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 204 Brown Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Galvez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth January 29 1929
5. No., in order of birth _____ Month Day Year

8. FATHER Full name Rafael Galvez 14. MOTHER Full maiden name Ramona Lara

9. Residence (Usual place of abode) Miami, Ariz 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 40 (Years) 16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) _____ (State or country) Mexico 18. Birthplace (city or place) _____ (State or country) Mexico

13. Occupation Miner 19. Occupation Housewife
Nature of industry Asbestos Nature of industry _____

20. Number of children of this mother 9 (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum. yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:10 P m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. E. Drinn
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Feb 5, 19 29 C. E. Drinn
Registrar. Registrar.

Registrar.